PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)			Attorney Docket Numb	er P/35-4		
			First Named Inventor	Michael D. Krysiak		
			COMPLETE IF KNOWN			
			Application Number			
M Deslamation			Filing Date			
☑ Declaration Submitted	OR Submitted after Filing (surcharg	Submitted after Initial	Group Art Unit			
with Initial Filing		(37 ČFR 1.16 (e))	Examiner Name			

As a below named inventor, I hereby declare that:							
My residence, mailing address, and citizenship are as stated below next to my name.							
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:							
COLORED OR FRAGRANCED HORTICULTURAL/AGRICULTURAL PRODUCTS							
the specification of which	(7	itle of the Invention)		······································			
is attached hereto							
OR Was filed on (MM/DDAVVVV)		as United St	tates Application l	Number or PCT International			
was filed on (MM/DD/YYYY)	<u> </u>			(if applicable).			
Application Number and was amended on (MM/DD/YYYY)							
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.							
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation- in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.							
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.							
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certifled Copy Attached? YES NO			
		٠	1000	0000			
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:							
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.							
Application Number(s)		e (MM/DD/YYYY)		al provisional application			

[Page 1 of 2]
Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231

PTO/SBID1 (10-80)

Approved for use through 10/31/2002. CMB C651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons ere required to respond to a collection of information unless it contains a valid CMB control number.

## **DECLARATION** — Utility or Design Patent Application

	ustomer Number Bar Code Lebai			OR [3]	Correspondence address below
Nums Weiss & Weiss / Ph	ilip M. Weiss				
Address 500 Old Country R	oad, Suite 30	5	<b></b>	······································	
Address					-
Chy Garden City	and the state of t	Million of the state of the sta	State	NY	ZIP 11530
Country	Talephor	1-516	-739-1	500	Fax 1=516-739-2189
I hereby declare that all statements made herein of my own knowledge are true and that all eleternents made on information and belief are believed to be true; and further that these statements were made with the knowledge that wilful false statements and the like so made are punishable by fine or amprisonment, or both, under 18 U.S.O. 1001 and that such wilful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:   A petition has been filed for this unsigned inventor					
Given Name (first and middle [# any)   Michael:	D.	,	Family I		iak
bruentur's Michael Kupick Date 1-11-01					
Residence: City Green Bay	<i>y</i>	State W	ı,	Dountry USA	Citizenship US
Mediling Address 3554 Highlan	d Center Driv	<b>'a</b>			
Meiling Address					
dry Green Bay	State WI.		ZIP	54311	Country USA
NAME OF SECOND INVENTOR:   A pefition has been filed for this unsigned inventor					
Given Name   Family Name   Fish					
Inventor's Beyon First Date On 11-01					
Residence: City Green Bay		State	WI	Country USA	Citizenship US
Mailing Address 543 Masters Lane					
Malling Address					
cky Green Bay	State WI		ZIP	54311	Country USA
Additional inventors are being named on the _3_supplemental Additional Inventor(s) sheet(s) PTO/88/02A attached hereto.					

Press type a plus sign (\*) inside and pox — (1-ub)

Approved for use through 10/31/2002. OM9 0551-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Passawork Reduction Ad of 1995, no persons are required to reacond to a collection of information unless it contains a wall OMS commit number.

## **DECLARATION**

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 3 of 3

Control of the Contro		and the last				
Name of Additional Joint Inventor, if any:   A petition has been filed for this unsigned inventor						
Given Name (first and middle [if eny])			Family Name	or Su	meme	
Deniel P.	-	M	adigen			
Inventor's Sonature Daniel PMad	ye	5			Date 1-15-01	
Residence: City Green Bay	State WI	Country USA			itizenship US	
Mailing Address 804 S. Madison	1-20-1		and the second s			
Mailing Address	1200					
Only Green Bay	State WI	ZIP 54301 Co		untry	ntry USA	
Name of Additional Joint Inventor, if any:   A petition has been filled for this unsigned inventor						
Given Name (first and middle (if any)		Family Name or Sumama				
				F/ 78/2		
(nventor's Signature	Date					
Residence: City State			Country		Citizenship	
Nating Address						
Mailing Address						
CHY	State		ZIP	Coun	try	
Name of Additional Joint Inventor, if any:   Apolition has been filed for this unsigned inventor						
Given Name (first and middle [if any])	Family Name or Surname					
· .						
inventor's Signature			Date			
Residence: City State		Country			Citizenship	
Mailing Address						
Meiling Address						
City	State		760	Col	untre	

Surden Hour distancent: This form is estimated to take 21 minutes to complete. Time will vary depending upon the magic of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT BENO FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Assistant Commissioner by Patents, Washington, DO 20231.